NH Department of Safety Division of Motor Vehicles Motorcycle Rider Training Program

Please print clearly in ink:

Student Information

2012 Course Registration Form



Course Selection

When are you available to take the course? List as

Code Dates Locations	Last Name	First Name	M.I.			xt to the dates, list your of your preference.
Enviring Phone Day-time Phone Student Background How much recent bicycle riding experience do you have? None A Little Alot Describe your previous motorcycling experience. None Passenger Only Some Stress Riding Dint Bike Only More than 2 years riding Done Do you currently own a motorcycle? No Pyes Do you currently hold one of the following: NH Motorcycle License? No Pyes NH Motorcycle License? No Pyes Belknap Carroll Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan Please read the following and sign below: Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a writen test and a riding skill evaluation. If you are unable to omplete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to ompletion to first you are unable to omplet the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to ompletion of the course requirements accessary per Saf-C 5305.04 Signature: Date: Da				Code	Dates	Locations
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E-mail Address (optional) We will notify you of your class assignment by mail, please provide a current mailing address. List a day and evening telephone number where we can contact you for possible schedule changes. If you are under the age of 18, you must have a parent or guardian co-sign your registration form. Student Background How much recent bicycle riding experience do you have? None A Little A lot bescribe your previous motorcycling experience. None Passenger Only Some Street Riding Dirt Bike Only More than 2 years riding Other Do you currently own a motorcycle? No Yes Do you currently own a motorcycle? No Yes NH Motorcycle License? No Yes NH Motorcycle License? No Yes Forhow korg? NH Motorcycle License? No Yes Belknap Carroll Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan Please read the following and sign below: Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a written test and a riding skill evaluation. If you are unable to complete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to meet the objectives of the training or if you put yourself or any other student at risk, the Instructor must dismiss you from the course. This course is non-transferable. If you were not able to attend your scheduled course and would like to requirements necessary per Saf-C 5305.04	Evening Phone	Daytime Phone				
E-mail Address (optional) We will notify you of your class assignment by mail, please provide a current mailing address. List a day and evening telephone number where we can contact you for possible schedule changes. If you are under the age of 18, you must have a parent or guardian co-sign your registration form. Student Background How much recent bicycle riding experience do you have? None A Little A lot bescribe your previous motorcycling experience. None Passenger Only Some Street Riding Dirt Bike Only More than 2 years riding Other Do you currently own a motorcycle? No Yes Do you currently own a motorcycle? No Yes NH Motorcycle License? No Yes NH Motorcycle License? No Yes Forhow korg? NH Motorcycle License? No Yes Belknap Carroll Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan Please read the following and sign below: Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a written test and a riding skill evaluation. If you are unable to complete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to meet the objectives of the training or if you put yourself or any other student at risk, the Instructor must dismiss you from the course. This course is non-transferable. If you were not able to attend your scheduled course and would like to requirements necessary per Saf-C 5305.04						
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None Passenger Only Some Street Riding Dirt Bike Only More than 2 years riding Other Tall of your choices are full, we will return your registration and request that you add more dates. Do you currently hold one of the following: NH Motorcycle Permit? No Yes For how long? NH Motorcycle License? No Yes For how long? NH Woth Word you hear about this course? No Yes For how long? How did you hear about this course? No Yes For how long? In what NH County do you live? Please circle one: Belknap Carroll Cheshire Coos Grafton Hillsborough Merrimack Rockingham Strafford Sullivan Please read the following and sign below: Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a written test and a riding skill evaluation. If you are unable to complete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to meet the objectives of the training or if you put yourself or any other student at risk, the Instructor must dismiss you from the course. This course is non-transferable. If you were not able to attend your scheduled course and would like to request a refund please see the requirements necessary per Saf-C 5305.04 Signature: Date: Date:		rovoling experience				
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	(For applicants under 18 years	old)			Dale	

Mail Completed Registration Form & Payment to:

NH DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES ATTN: MOTORCYCLE RIDER PROGRAM 23 HAZEN DRIVE CONCORD, NH 03305

23 HAZEN DRIVE CONCORD, NH 03305	JEK I KOOKAW	DEALER INFORMATION:
Select Payment Option		
Returned check policy: We may re-present your checks provided to you with your bank	statement, but you can get a copy by contactin	MV" Ifficient or uncollected funds. Your returned check will not be g your financial institution. Per RSA 6:11-a, A fee of \$25 or 5, will be charged for each returned check and collected with a
Credit card. Please pro	vide your credit card information	below:
Type of card Visa Master Card American Express	Name of Card Holder: Billing Address:	Exp. Date:
For Office Use Only		